

**STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(b))—INDEPENDENT INVENTOR**

Docket Number (Optional)

O LRD 100

Applicant, Patentee, or Identifier: MICHAEL F. BRICEApplication or Patent No.: Serial No. 09/596,081Filed or Issued: Filed: June 16, 2000Title: TWIN-HEADED TOOTHBRUSH

As a below named inventor, I hereby state that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:

- ☐ the specification filed herewith with title as listed above.
☒ the application identified above.
☐ the patent identified above.

I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ No such person, concern, or organization exists.
☐ Each such person, concern, or organization is listed below.

Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

Michael F. Brice

NAME OF INVENTOR

NAME OF INVENTOR

NAME OF INVENTOR

Michael F. Brice

Signature of inventor

Signature of inventor

Signature of inventor

14 NOV 2000

Date

Date

Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY

DECLARATION AND POWER OF ATTORNEY

ATTORNEY'S DOG
11047.100

As a below named inventor, I hereby declare that:
My residence, post office address and citizenship are as stated below next to my name; and
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

TWIN-HEADED TOOTHBRUSH

the specification of which

(check)
one) ☐ is attached hereto.
☒ was filed on

June 16, 2000

as

Application Serial No. _____

and was amended on _____

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a), and Title 35 USC §102, as printed on the reverse of this Declaration and which I have read.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.) _____

(Filing Date) _____

(Status — patented, pending, abandoned)

(Application Serial No.) _____

(Filing Date) _____

(Status — patented, pending, abandoned)

POWER OF ATTORNEY: As named inventor, I hereby appoint Joseph V. Colaianni, Reg. No. 20,019; Michael T. Platt, Reg. No. 20,086; Laurence F. Stein, Reg. No. 35,371 and Mary A. Montebello, Reg. No. 33,021, my attorneys with full power of substitution and revocation to prosecute this application; to receive correspondence from and transact all business in the Patent and Trademark Office connected herewith. The correspondence address of the above attorneys is:

PATTON BOGGS LLP

2550 M Street, N.W.

Washington, D.C. 20037

Telephone: 202-457-6000 - Facsimile: 202-457-6315

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor MICHAEL F. BRICEInventor's signature Michael F. BriceDate 17 MAR 2001Residence 2 Ava Drive, Syosset, New York, 11791Citizenship U.S.Post Office Address 2 Ava Drive, Syosset, New York 11791

Full name of second joint inventor, if any _____

Inventor's signature _____

Date _____

Residence _____

Citizenship _____

Post Office Address _____

Full name of third joint inventor, if any _____

Inventor's signature _____

Date _____

Residence _____

Citizenship _____

Post Office Address _____

(Supply similar information and signature for fourth and subsequent joint inventors.)

DATE

[SEE REVERSE SIDE]

PTO Approved Form (covers law effective 2/27/83)



BEST AVAILABLE COPY